

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

PACPLUS

ADDRESS (number and street)

268 Bush Street Unit4409

☐ Check if different  
than previously  
reported. (ACC)

San Francisco

CA

94104

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00516500

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lisa Le

Signature of Treasurer

Lisa Le

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PACPLUS

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2013		<span style="border: 1px solid black; padding: 2px;">22364.77</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">22364.77</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">171734.00</span>	<span style="border: 1px solid black; padding: 2px;">171734.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">194098.77</span>	<span style="border: 1px solid black; padding: 2px;">194098.77</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">33542.36</span>	<span style="border: 1px solid black; padding: 2px;">33542.36</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">160556.41</span>	<span style="border: 1px solid black; padding: 2px;">160556.41</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**PACPLUS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	3		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	3		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	171734.00	171734.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	171734.00	171734.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	171734.00	171734.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	210.00	210.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	210.00	210.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3500.00	3500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	29832.36	29832.36
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	33542.36	33542.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33542.36	33542.36

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	210.00	210.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	210.00	210.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 02 / 2013

**Transaction ID : SA17.8752**

Amount of Each Receipt this Period

216.10

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 07 / 2013

**Transaction ID : SA17.8754**

Amount of Each Receipt this Period

288.12

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2013

**Transaction ID : SA17.8755**

Amount of Each Receipt this Period

350.56

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 23 / 2013

**Transaction ID : SA17.8756**

Amount of Each Receipt this Period

244.90

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

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Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 25 / 2013

**Transaction ID : SA17.8757**

Amount of Each Receipt this Period

331.35

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

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Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2013

**Transaction ID : SA17.8761**

Amount of Each Receipt this Period

115.25

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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Zip Code

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FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 08 / 2013

**Transaction ID : SA17.8762**

Amount of Each Receipt this Period

513.80

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

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FEC ID number of contributing  
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C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 19 / 2013

**Transaction ID : SA17.8763**

Amount of Each Receipt this Period

249.70

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

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Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2013

**Transaction ID : SA17.8765**

Amount of Each Receipt this Period

1133.38

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

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Cambridge

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02238-2110

FEC ID number of contributing  
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C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2013

**Transaction ID : SA17.8767**

Amount of Each Receipt this Period

946.02

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

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C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 08 / 2013

**Transaction ID : SA17.8771**

Amount of Each Receipt this Period

542.61

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

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Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2013

**Transaction ID : SA17.8772**

Amount of Each Receipt this Period

201.68

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

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Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2013

**Transaction ID : SA17.8777**

Amount of Each Receipt this Period

672.27

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

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Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2013

**Transaction ID : SA17.8776**

Amount of Each Receipt this Period

316.92

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

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federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 05 / 2013

**Transaction ID : SA17.8779**

Amount of Each Receipt this Period

582.00

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 11 / 2013

**Transaction ID : SA17.8780**

Amount of Each Receipt this Period

292.93

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 19 / 2013

**Transaction ID : SA17.8781**

Amount of Each Receipt this Period

187.27

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 25 / 2013

**Transaction ID : SA17.8782**

Amount of Each Receipt this Period

364.94

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2013

**Transaction ID : SA17.8784**

Amount of Each Receipt this Period

350.53

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2013

**Transaction ID : SA17.8788**

Amount of Each Receipt this Period

552.21

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 17 / 2013

**Transaction ID : SA17.8790**

Amount of Each Receipt this Period

672.21

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 23 / 2013

**Transaction ID : SA17.8791**

Amount of Each Receipt this Period

441.71

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2013

**Transaction ID : SA17.8792**

Amount of Each Receipt this Period

177.65

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 07 / 2013

**Transaction ID : SA17.8793**

Amount of Each Receipt this Period

230.51

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 14 / 2013

**Transaction ID : SA17.8794**

Amount of Each Receipt this Period

334.23

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2013

**Transaction ID : SA17.8795**

Amount of Each Receipt this Period

115.24

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 19 / 2013

**Transaction ID : SA17.8796**

Amount of Each Receipt this Period

43232.10

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue**

Mailing Address P.O. Box 382110

City

Cambridge

State

MA

Zip Code

02238-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 26 / 2013

**Transaction ID : SA17.8798**

Amount of Each Receipt this Period

211.29

Noncontribution account. Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. W D Budinger**

Mailing Address 728 E. Francis St.

City

Aspen

State

CO

Zip Code

81611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

06 / 10 / 2013

**Transaction ID : SA17.8592**

Amount of Each Receipt this Period

25000.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Subodh Chandra**

Mailing Address 2275 Chestnut Hills Drive

City

Cleveland

State

OH

Zip Code

44106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Chandra Law Firm, LLC

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 22 / 2013

**Transaction ID : SA17.8172**

Amount of Each Receipt this Period

240.00

Non-contribution account.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25240.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

### A. Charic Daniels

Mailing Address 3502 S MacGregor Way

City State Zip Code  
Houston TX 77021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Exxon Mobil Corporation

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2013

Transaction ID : SA17.8191

Amount of Each Receipt this Period

300.00

Non-contribution account. Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

### B. Linda Darling-Hammond

Mailing Address 835 Pine Hill Rd.

City State Zip Code  
Stanford CA 94305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stanford University

Occupation  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 18 / 2013

Transaction ID : SA17.8029

Amount of Each Receipt this Period

500.00

Non-contribution account. Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

### C. Phuong Le

Mailing Address 300 3rd St

City State Zip Code  
San Francisco CA 94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2013

Transaction ID : SA17.8815

Amount of Each Receipt this Period

240.00

Noncontribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1040.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Phuong Le**

Mailing Address 300 3rd St

City State Zip Code  
 San Francisco CA 94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self-employed

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2013

**Transaction ID : SA17.8816**

Amount of Each Receipt this Period

10.00

Noncontribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Zenaida Mendez**

Mailing Address 1500 Central Avenue

City State Zip Code  
 Albany NY 12205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MNN

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 06 / 2013

**Transaction ID : SA17.8572**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**C. Steve Phillips**

Mailing Address 553 Arkansas St.

City State Zip Code  
 San Francisco CA 94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20170.00

Date of Receipt

06 / 10 / 2013

**Transaction ID : SA17.8591**

Amount of Each Receipt this Period

20000.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Steve Phillips**

Mailing Address 553 Arkansas St.

City State Zip Code  
 San Francisco CA 94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20180.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 14 / 2013

**Transaction ID : SA17.8599**

Amount of Each Receipt this Period

10.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. John Robertson**

Mailing Address 65 Halifax St.

City State Zip Code  
 Jamaica Plain MA 02130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Filmmaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 22 / 2013

**Transaction ID : SA17.8087**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

**C. Vincent J. Ryan**

Mailing Address 745 Atlantic Ave.  
 11th Floor

City State Zip Code  
 Boston MA 02111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schooner Capital

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 21 / 2013

**Transaction ID : SA17.8609**

Amount of Each Receipt this Period

10000.00

Non-contribution account. Earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 36

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

## **A. Susan Sandler**

Mailing Address 553 Arkansas St.

City State Zip Code  
 San Francisco CA 94107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2013

**Transaction ID : SA17.8618**

Amount of Each Receipt this Period

80000.00

Non-contribution account.

Full Name (Last, First, Middle Initial)

## **B. Ralph Smith**

Mailing Address 4200 Pine St.  
 #205

City State Zip Code  
 Philadelphia PA 19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Annie E. Cosey Foundation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2013

**Transaction ID : SA17.8245**

Amount of Each Receipt this Period

580.00

Non-contribution account.

Full Name (Last, First, Middle Initial)

## **C. Pat Stryker**

Mailing Address 262 East Mountain Ave.

City State Zip Code  
 Fort Collins CO 80524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

bohemian Companies

Occupation

Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2013

**Transaction ID : SA17.8619**

Amount of Each Receipt this Period

25000.00

Non-contribution account.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105580.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 36  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Scott Taylor**

Mailing Address 30 Bear Gulch Drive

City State Zip Code  
 Portola Valley CA 94028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Symantec

Occupation

Attorney/GC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 13 / 2013

**Transaction ID : SA17.8253**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)

**B. Elsa Tsutaoka**

Mailing Address 1419 Bancroft Way

City State Zip Code  
 Berkeley CA 94702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CCSF

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 19 / 2013

**Transaction ID : SA17.8202**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

**C. Wendy Wilkinson**

Mailing Address 3310 Idaho Avenue NW

City State Zip Code  
 Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sidwell Friends School

Occupation

Educator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 19 / 2013

**Transaction ID : SA17.8080**

Amount of Each Receipt this Period

240.00

Non-contribution account. Earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

720.00

163080.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 36

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address One Montgomery Street

City San Francisco      State CA      Zip Code 94104

Purpose of Disbursement  
Bank Service Charge

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2013
**Transaction ID : SB21B.8686**

Amount of Each Disbursement this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City      State      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30.00

30.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Booker for Senate**

Mailing Address P.O. Box 32237

City Newark	State NJ	Zip Code 07102
----------------	-------------	-------------------

Purpose of Disbursement  
Political contribution

Candidate Name

**Cory Booker**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2013

☐ Primary ☐ General  
☒ Other (specify) ▼

State: NJ District:

Special-Primary

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2013

**Transaction ID : SB23.8812**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Michele Lujan Grisham**

Mailing Address P.O. Box 25422

City Albuquerque	State NM	Zip Code 87125
---------------------	-------------	-------------------

Purpose of Disbursement  
Voided check. Check was not cashed.

Candidate Name

**Michele Lujan Grisham**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB23.8806**

Amount of Each Disbursement this Period

-1500.00
----------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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3500.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		08		2013

**Transaction ID : SB29.8731**

Amount of Each Disbursement this Period

21.99
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2013

**Transaction ID : SB29.8732**

Amount of Each Disbursement this Period

8.32
------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		22		2013

**Transaction ID : SB29.8733**

Amount of Each Disbursement this Period

27.73
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

58.04
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2013

**Transaction ID : SB29.8734**

Amount of Each Disbursement this Period

13.08
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		05		2013

**Transaction ID : SB29.8735**

Amount of Each Disbursement this Period

24.00
-------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2013

**Transaction ID : SB29.8736**

Amount of Each Disbursement this Period

12.07
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.15
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2013

**Transaction ID : SB29.8737**

Amount of Each Disbursement this Period

7.73
------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		25		2013

**Transaction ID : SB29.8738**

Amount of Each Disbursement this Period

15.06
-------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		07		2013

**Transaction ID : SB29.8739**

Amount of Each Disbursement this Period

14.47
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37.26
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City  
CambridgeState  
MAZip Code  
02238Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2013

**Transaction ID : SB29.8740**

Amount of Each Disbursement this Period

22.79
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City  
CambridgeState  
MAZip Code  
02238Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2013

**Transaction ID : SB29.8741**

Amount of Each Disbursement this Period

27.79
-------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City  
CambridgeState  
MAZip Code  
02238Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2013

**Transaction ID : SB29.8742**

Amount of Each Disbursement this Period

18.29
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

68.87
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2013

**Transaction ID : SB29.8743**

Amount of Each Disbursement this Period

7.35
------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2013

**Transaction ID : SB29.8744**

Amount of Each Disbursement this Period

9.49
------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

**Transaction ID : SB29.8745**

Amount of Each Disbursement this Period

0.32
------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17.16
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		14		2013

**Transaction ID : SB29.8746**

Amount of Each Disbursement this Period

13.45
-------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

**Transaction ID : SB29.8747**

Amount of Each Disbursement this Period

4.76
------

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

**Transaction ID : SB29.8749**

Amount of Each Disbursement this Period

0.40
------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

**Transaction ID : SB29.8750**

Amount of Each Disbursement this Period

1777.50
---------

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Noncontribution account. CC processing fee.

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2013

**Transaction ID : SB29.8751**

Amount of Each Disbursement this Period

8.71
------

Full Name (Last, First, Middle Initial)

**C. Aimee Allison**

Mailing Address 547 Jean St.

City	State	Zip Code
Oakland	CA	94610

Purpose of Disbursement  
Noncontribution account. Contractor for Webinar Event.

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2013

**Transaction ID : SB29.8703**

Amount of Each Disbursement this Period

2000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3786.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Caplin & Drysdale**Mailing Address One Thomas Circle NW  
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Noncontribution account. Legal fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		11		2013

**Transaction ID : SB29.8810**

Amount of Each Disbursement this Period

1590.00
---------

Full Name (Last, First, Middle Initial)

**B. Caplin & Drysdale**Mailing Address One Thomas Circle NW  
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		26		2013

**Transaction ID : SB29.8708**

Amount of Each Disbursement this Period

2192.00
---------

Full Name (Last, First, Middle Initial)

**C. Caplin & Drysdale**Mailing Address One Thomas Circle NW  
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2013

**Transaction ID : SB29.8711**

Amount of Each Disbursement this Period

594.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4376.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Children's Creativity Museum**

Mailing Address 221 Fourth St.

City	State	Zip Code
San Francisco	CA	94103

Purpose of Disbursement  
Noncontribution Account. Members Webinar Event.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2013

**Transaction ID : SB29.8687**

Amount of Each Disbursement this Period

1440.00
---------

Full Name (Last, First, Middle Initial)

**B. CT Corporation**

Mailing Address P.O. Box 4349

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		11		2013

**Transaction ID : SB29.8706**

Amount of Each Disbursement this Period

304.17
--------

Full Name (Last, First, Middle Initial)

**C. Exact Target**

Mailing Address 20 North Meridian St., Suite 200

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement  
Noncontribution account. Online database fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2013

**Transaction ID : SB29.8694**

Amount of Each Disbursement this Period

1813.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3557.17
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Fredrikson & Byron, P.A.**

Mailing Address PO Box 1484

City	State	Zip Code
Minneapolis	MN	55480

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2013

**Transaction ID : SB29.8709**

Amount of Each Disbursement this Period

716.00
--------

Full Name (Last, First, Middle Initial)

**B. Fredrikson & Byron, P.A.**

Mailing Address PO Box 1484

City	State	Zip Code
Minneapolis	MN	55480

Purpose of Disbursement  
Noncontribution account. Legal Fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		28		2013

**Transaction ID : SB29.8710**

Amount of Each Disbursement this Period

258.00
--------

Full Name (Last, First, Middle Initial)

**C. Kos Media, LLC**

Mailing Address 2930 Shattuck Ave. #206

City	State	Zip Code
Berkeley	CA	94705

Purpose of Disbursement  
Noncontribution account. Email list rental.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		12		2013

**Transaction ID : SB29.8712**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3474.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Pacific Creative**

Mailing Address 419 S Third Ave.

City	State	Zip Code
Arcadia	CA	91006

Purpose of Disbursement  
Noncontribution account. State booklet design fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2013

**Transaction ID : SB29.8691**

Amount of Each Disbursement this Period

1475.00
---------

Full Name (Last, First, Middle Initial)

**B. Pacific Creative**

Mailing Address 419 S Third Ave.

City	State	Zip Code
Arcadia	CA	91006

Purpose of Disbursement  
Noncontribution account. Website design fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

**Transaction ID : SB29.8716**

Amount of Each Disbursement this Period

1850.00
---------

Full Name (Last, First, Middle Initial)

**C. Pacific Creative**

Mailing Address 419 S Third Ave.

City	State	Zip Code
Arcadia	CA	91006

Purpose of Disbursement  
Noncontribution account. Website design fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2013

**Transaction ID : SB29.8717**

Amount of Each Disbursement this Period

3670.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6995.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. Pacific Creative**

Mailing Address 419 S Third Ave.

City	State	Zip Code
Arcadia	CA	91006

Purpose of Disbursement  
Noncontribution account. Powerpoint material for board.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2013

**Transaction ID : SB29.8698**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Pacific Creative**

Mailing Address 419 S Third Ave.

City	State	Zip Code
Arcadia	CA	91006

Purpose of Disbursement  
Noncontribution account. Website Hosting.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2013

**Transaction ID : SB29.8699**

Amount of Each Disbursement this Period

1998.00
---------

Full Name (Last, First, Middle Initial)

**C. Penzone for Sheriff**

Mailing Address 3370 N. Hayden Rd., Suite 123, Box

City	State	Zip Code
Scottsdale	AZ	85251

Purpose of Disbursement  
Noncontribution account. Voided Check. Check was not cashed.

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB29.8807**

Amount of Each Disbursement this Period

-430.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1818.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. PVL Accounting Services**

Mailing Address 44 Montgomery St Suite 2310

City	State	Zip Code
San Francisco	CA	94107

Purpose of Disbursement  
Noncontribution account. Accrued accounting fees.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2013

**Transaction ID : SB29.8809**

Amount of Each Disbursement this Period

2500.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Radial Cafe**

Mailing Address 1530 DeKalb Avenue

City	State	Zip Code
Atlanta	GA	30307

Purpose of Disbursement  
Noncontribution account. Membership Event.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2013

**Transaction ID : SB29.8689**

Amount of Each Disbursement this Period

1386.00
---------

Full Name (Last, First, Middle Initial)

**C. Spotlight Design & Printing**

Mailing Address 725 Bryant St.

City	State	Zip Code
San Francisco	CA	94107

Purpose of Disbursement  
Noncontribution account. Booklets.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2013

**Transaction ID : SB29.8693**

Amount of Each Disbursement this Period

1443.75
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2829.75
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**PACPLUS**

Full Name (Last, First, Middle Initial)

**A. The League of Independent Voters**

Mailing Address 540 President St., 3rd Floor

City	State	Zip Code
Brooklyn	NY	11215

Purpose of Disbursement  
Noncontribution account. Ustream Event Production and Online Promotion.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	16	/	2013

**Transaction ID : SB29.8700**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. The UPS Store**

Mailing Address 268 Bush St.

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement  
Noncontribution account. Mailbox.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	29	/	2013

**Transaction ID : SB29.8714**

Amount of Each Disbursement this Period

396.00
--------

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address One Montgomery Street

City	State	Zip Code
San Francisco	CA	94104

Purpose of Disbursement  
Noncontribution account. Bank Service Charge.

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	31	/	2013

**Transaction ID : SB29.8719**

Amount of Each Disbursement this Period

20.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2416.00
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29501.22
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